

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>20205</i>	<i>3-19-09</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>57</i>	<i>3-25-09</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>68971</i>	<i>3-30-09</i>
		<i>6897</i>	<i>4-10-09</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	11/5/04	4/9/02	9/2/00	3/16/00	Date
1	✓	✓	✓	✓	✓	✓	
2	✓	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	✓	
7	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	
9	✓	✓	✓	✓	✓	✓	
10	✓	✓	✓	✓	✓	✓	
11	✓	✓	✓	✓	✓	✓	
12	✓	✓	✓	✓	✓	✓	
13	✓	✓	✓	✓	✓	✓	
14	✓	✓	✓	✓	✓	✓	
15	✓	✓	✓	✓	✓	✓	
16	✓	✓	✓	✓	✓	✓	
17	✓	✓	✓	✓	✓	✓	
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45	✓	✓	✓	✓	✓	✓	
46	✓	✓	✓	✓	✓	✓	
47	✓	✓	✓	✓	✓	✓	
48	✓	✓	✓	✓	✓	✓	
49	✓	✓	✓	✓	✓	✓	
50	✓	✓	✓	✓	✓	✓	

Claim	Final	Original	11/5/04	4/9/02	9/2/00	3/16/00	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

BEST AVAILABLE